

Name
in
Full

Delilah D. Bailey

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not et place of death				
Married, Single or Widowed	Name of Wife or Husband	Albert, Bailey			
Father's Name	Lyman Lowell				
Mother's Maiden Name	Marie E. Jackson				
Name of person giving Information	Delilah Bailey				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Child Birth	(138)	How long	12 hours
Immediate	Convulsions		How long	

Are the name, age, sex, color, date and place correctly given above?

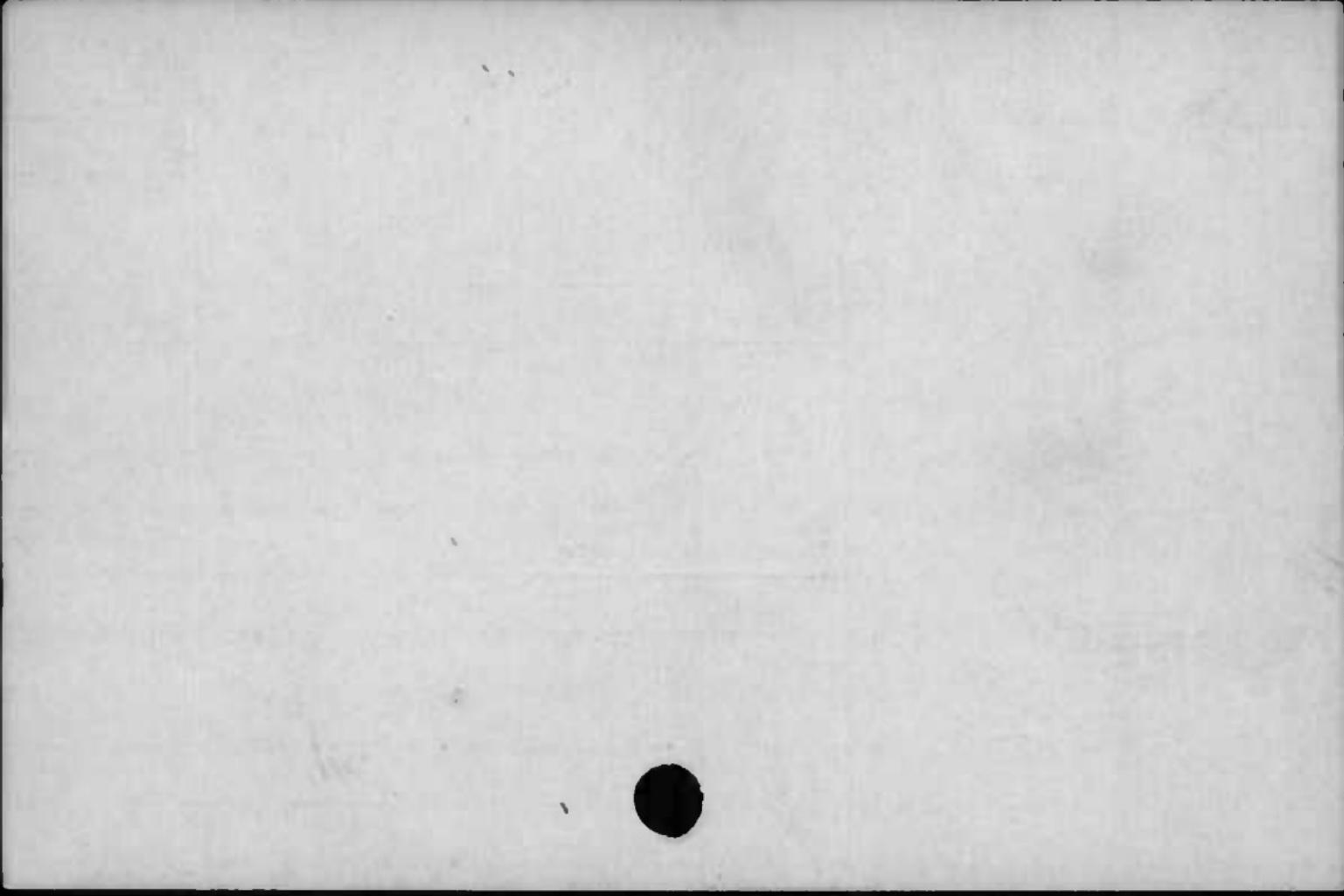
yes

Signature of Physician

Address

A. L. Seafarer
M'dela Springs Md

Accident or Suicide?



Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Nicholas Banks

3/22/1919

CERTIFICATE OF DEATH

Died at Allen

Town

County

MARYLAND

Date of death 1906

Month Mar

Day 6

Years

Age 41

Months

Days

Sex

male

Color or Race

Black

Birth-place

Md

Occupation

Harmer

Where Residing if not
at place of deathMarried,
or Widowed

Name of Wife or

Alice Banks

Father's Name

Do not know

Father's Birthplace

Mother's Maiden Name

Do not know

Mother's Birthplace

Name of person giving
Information

Jerome Dennis

How related
to deceased

no relation

CAUSES OF DEATH

Primary

Suppose Consumption

How long

2 years

Immediate

Died no Doctor

How long

Are the name, age, sex, color, date
and place correctly given above?

Think so

Signature of
PhysicianW C Holloway & Co
Salisbury Md
Undertakers

Address

Accident or Suicide?

no



Name
in
Full

Thomas W. Bennett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1906	Month March	Day 31	Years 53
Sex Male	Color or Race White	Birth-place Maryland springs	Months Days
Occupation Farmer	Where Residing if not at place of death Thelbron Md		
Married, Single or Widowed	Name of Wife or Husband Mary Ellen Bennett	Father's Birthplace Anerton	
Father's Name E. G. Bennett	Mother's Birthplace Anerton		
Mother's Maiden Name Sally. Ellender Taylor	How related to deceased Brother		
Name of person giving information S. S. Bennett			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia (93)

How long —

Immediate

Pneumonia

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. G. Comanay M.D.

Thelbron

Md

Accident or Suicide?



Name
in
Full

George Ray Boston

CERTIFICATE OF DEATH

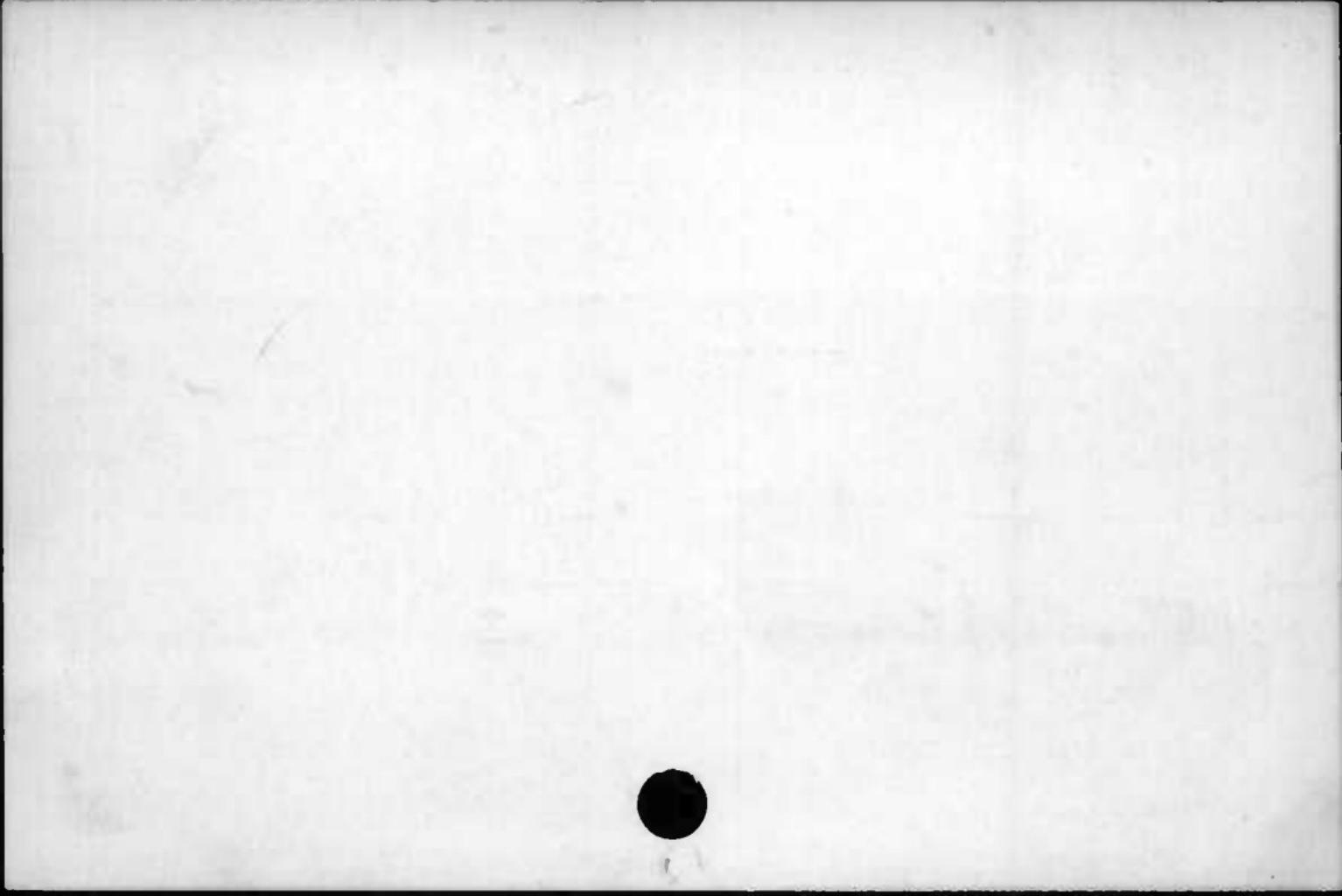
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Charles B Boston		Father's Birthplace	Md	
Mother's Maiden Name	Phoebe J Davis		Mother's Birthplace	Md	
Name of person giving information	Charles B Boston		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery received from big meal over by train.	
Immediate	Shock	
Are the name, age, sex, color, date and place correctly given above?	yes	How long 18 hours.
Signature of Physician Address		Louis M. Morris MD Bel Air Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Salisbury</u>		Town	County <u>Micromic</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Nov</u>	Day <u>1</u>	Age <u>23</u>	Years <u>23</u>	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>		
Occupation <u>Telegraph operator</u>	Where Residing if not at place of death <u>Debtors Del</u>					
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Mary Byrd</u>			Father's Birthplace <u>Md</u>		
Father's Name <u>John Byrd</u>				Mother's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Susan Mills</u>						
Name of person giving information <u>Mary Byrd</u>	OS			How related to deceased <u>wife</u>		

CAUSES OF DEATH

Primary

acute suppurative appendicitis of old duration 4 yrs. ags as
vis. of Dr. H. S. Lyle, Baltimore, Md.

How long

How long

Immediate

Rupture of bowel due to adhesions. Unimediately

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ys

J. M. Byrd
Salisbury, Md

as demonstrated by post-mortem

Accident or Suicide?

No



Name
in
Full

James Covington

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	82	3	2	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Isabela Covington				
Father's Name	John J. Covington					Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information	George Covington					How related to deceased

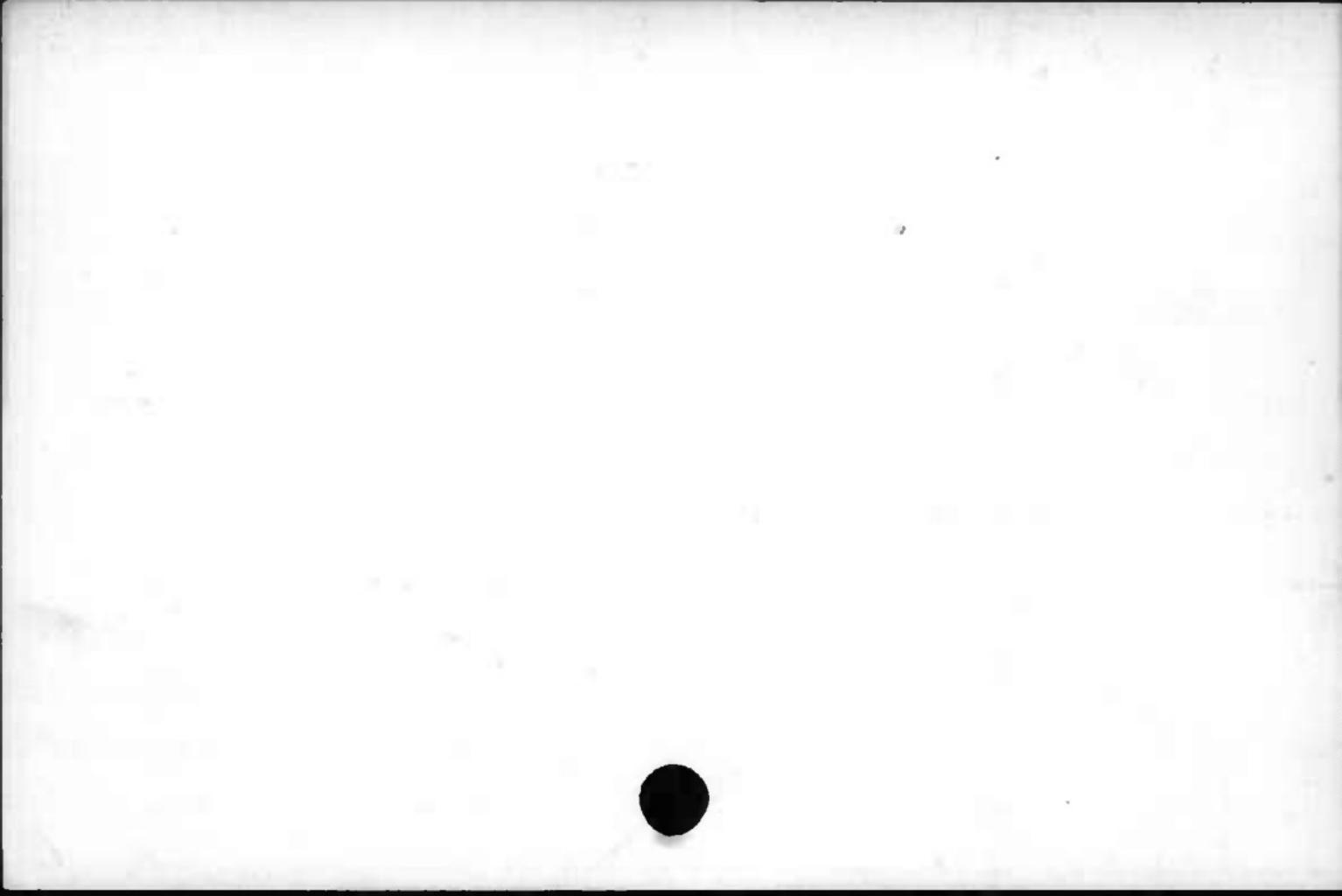
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long
Immediate	Penal Calculus.	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address



Accident or Suicide?



Name
in
Full

Annie S. Dawson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death	Birth-place	
Married, Single or Widowed	Name of Wife or Husband	Anaphora Dawson	
Father's Name	Henry White	Father's Birthplace	Worcester Co., Md.
Mother's Maiden Name	Not Known	Mother's Birthplace	
Name of person giving information	Severn H. Dawson	How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stippe
Coma

(D)

How long

1 week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. M. Dlemmons M.D.

Salisbury, Md.

Accident or Suicide?



Name
in
Full

Doris Dornan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>White Haven</u>		Town	County <u>Wisconsin</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>3</u>	Day <u>15-</u>	Age <u>43</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Whitehaven</u>		
Occupation <u>Murrier</u>	Where Residing If not at place of death					
Married, Single or Widowed	Name of Wife or Husband <u>Jesse Dorothy Hammie Jones</u>		Father's Birthplace <u>Somerset</u>			
Father's Name	<u>Samuel Jones</u>		Mother's Birthplace <u>Wisconsin</u>			
Mother's Maiden Name	<u>Doris Dornan</u>		How related to deceased		<u>none</u>	
Name of person giving information	<u>Samuel Wilson</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

(2)

How long

4 Months

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. A. G. Lankford M.D.

Accident or Suicide?

8.50
1.85-
1.65-
12.00
2.00
10.00
3.50
6.50

8.50
1.85-
1.65-
12.00
2.00
10.00

5 68.00
5.44.00

68.00

86.00
5.50
80.50 86.00
 6.80
 879.20

Mitchelle Hamblin

Town County
Pittsille Wisconsin MARYLAND

Died at

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1906	March	11	31	5		Wisconsin	60. Trav Salesman
Male	White		Married			Widow	Divorced
Female	Colored		Sing			Widower	Number of children living

Husband of

Sadie Hamblin

Wife

Father's

Name

John Hamblin

Mother's

Name

Heeler A. Purnell

Cause of

Primary

Phthisis Pulmonalis Six months.

How long sick

Death

Immediate

Insufficient oxidation

Accident, Suicide, Homicide

Reported by

Dr. W. F. Tracy, M.D.

Address

Pittsille, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James W. Hulghman

3/22/xx

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County		MARYLAND		
Died at	Wicomico				
Date of death	Month	Day	Years	Months	Days
1906	Mch.	5 th	84	4	1
Sex	Male	Color or Race	White	Birth-place	Wicomico Co., Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Eleanor Hulghman		
Married	George Hulghman		Father's Birthplace		
Father's Name	Mother's Birthplace				
George Hulghman	Not known				
Mother's Maiden Name	How related to deceased				
Syndie Richardson	None				
Name of person giving Information	Cause of Death				
Jesse A. Brumby	(15)				

PHYSICIAN
OR CORONER

Primary Infirmities of Old Age How long

Immediate Not Known (No Doctor) How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo. C. Hill

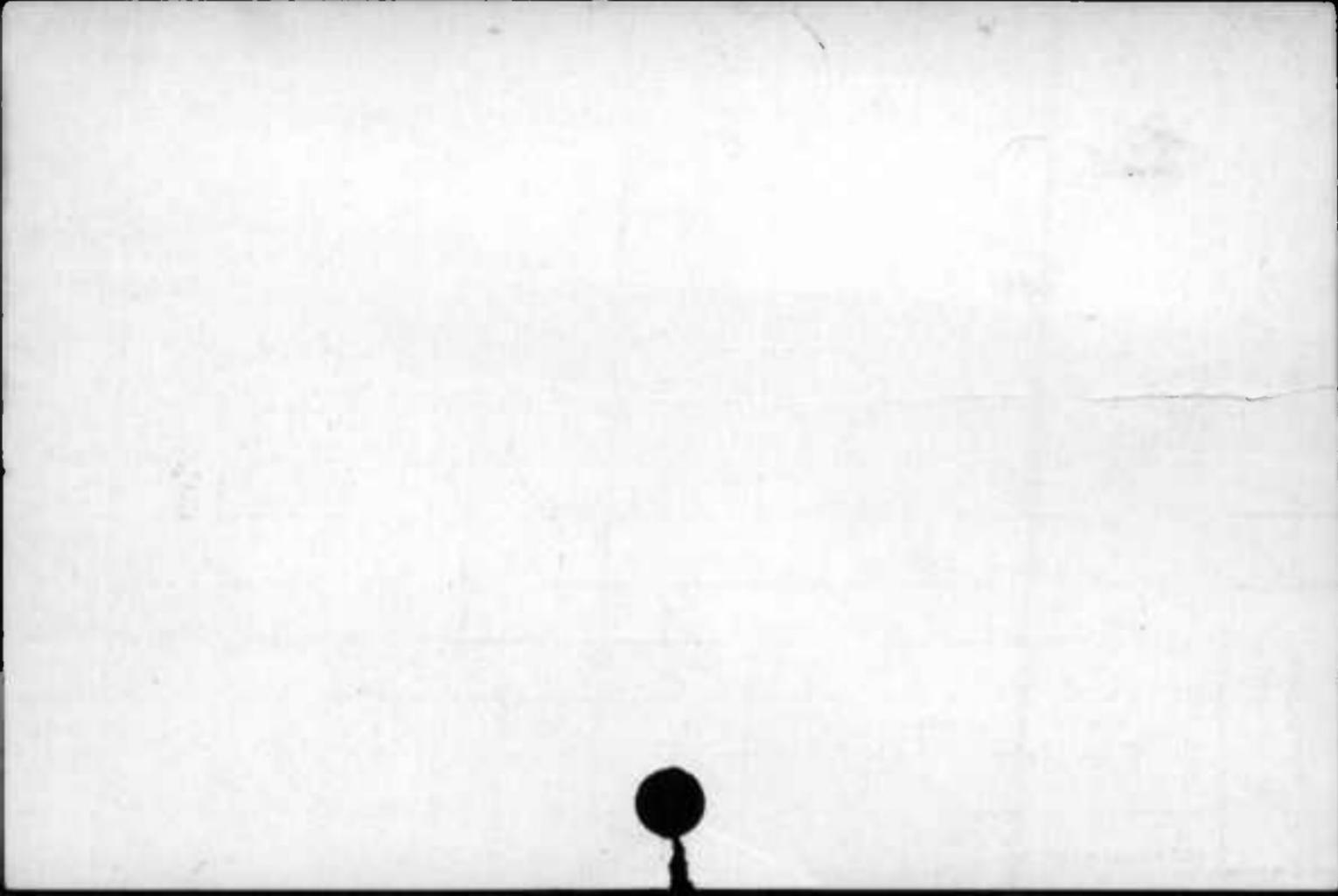
Address

Undertaker

Salisbury Md.

Accident or Suicide?

No



Name
in
Full

Octavia Jenkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	41
Occupation	Housekeeper	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		
Father's Name	Alexander Jenkins	Father's Birthplace	"	"
Mother's Maiden Name		Mother's Birthplace		
Name of person giving Information	Louis C. Bounds	How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Don't know

(nq)

How long

Immediate

Heart trouble

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. J. T. Long
Allentown
Md.

Accident or Suicide?



Name
in
Full

Martha Jones

3/22/xx1

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	Wicomico			County	
Died at	Month	Day	Years	Months	Days
Date of death	1906	Mar	21	Age	32
Sex	Female		Color or Race	Black	
Occupation	Housework				
Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		George Jones		
Father's Name	Ben Daschield				
Mother's Maiden Name	Dont know				
Name of person giving information	George Jones				
CAUSES OF DEATH					
Primary	Dropsy			How long	5 ² mos.
Immediate	had not water lately			How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

D C Holloway & Co

Salisbury Md

Aundertakers

Accident or Suicide?

No



Name
in
Full

James Leaws

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	82	one	14
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sallie M. Leaws			
Father's Name	William				
Mother's Maiden Name	Gertrude Duncan				
Name of person giving information	W. E. Leaws				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dropsy

(17)

How long

Eight months

Immediate

Heart failure

How long

Ten Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address



G. H. Farney,
Pittsville,
Md.

Accident or Suicide?





David H. Moore

Died at *Athol* Town *Micromics* County *MARYLAND*
 Date 1906 Month *3* Day *29* Y. *74* M. *-* D. *-* Native of *Md* Occupation *Farmer*
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *None*

Husband of *None*

Wife

Father's Name

don't-Know

Mother's

Maiden Name

Cause of

Primary

(64)

How long sick

Death

Immediate

apoplexy

Accident, Suicide, Homicide

Reported by

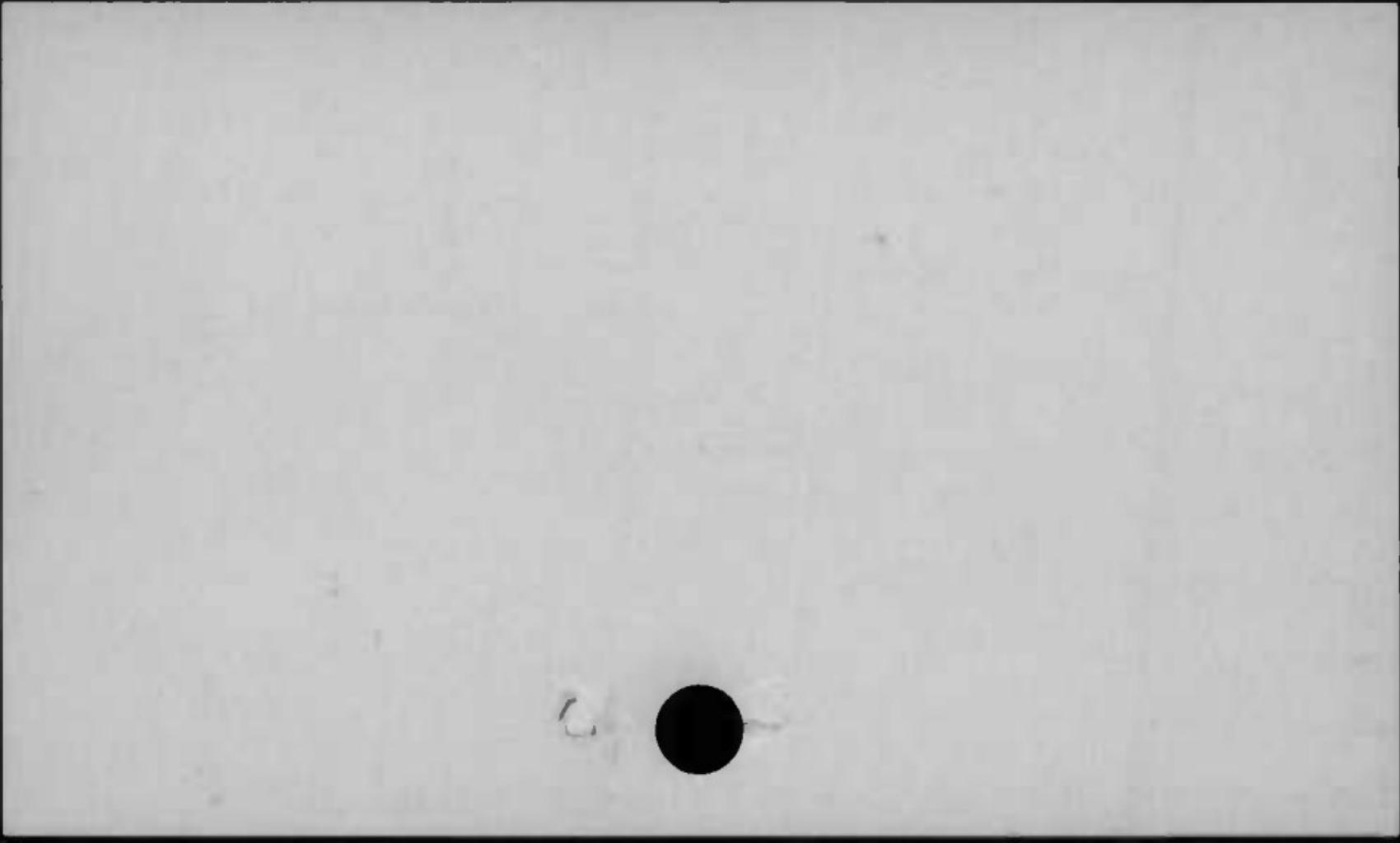
Isaac L. English coroner

Address

Mandela

Oppt. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William T. Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

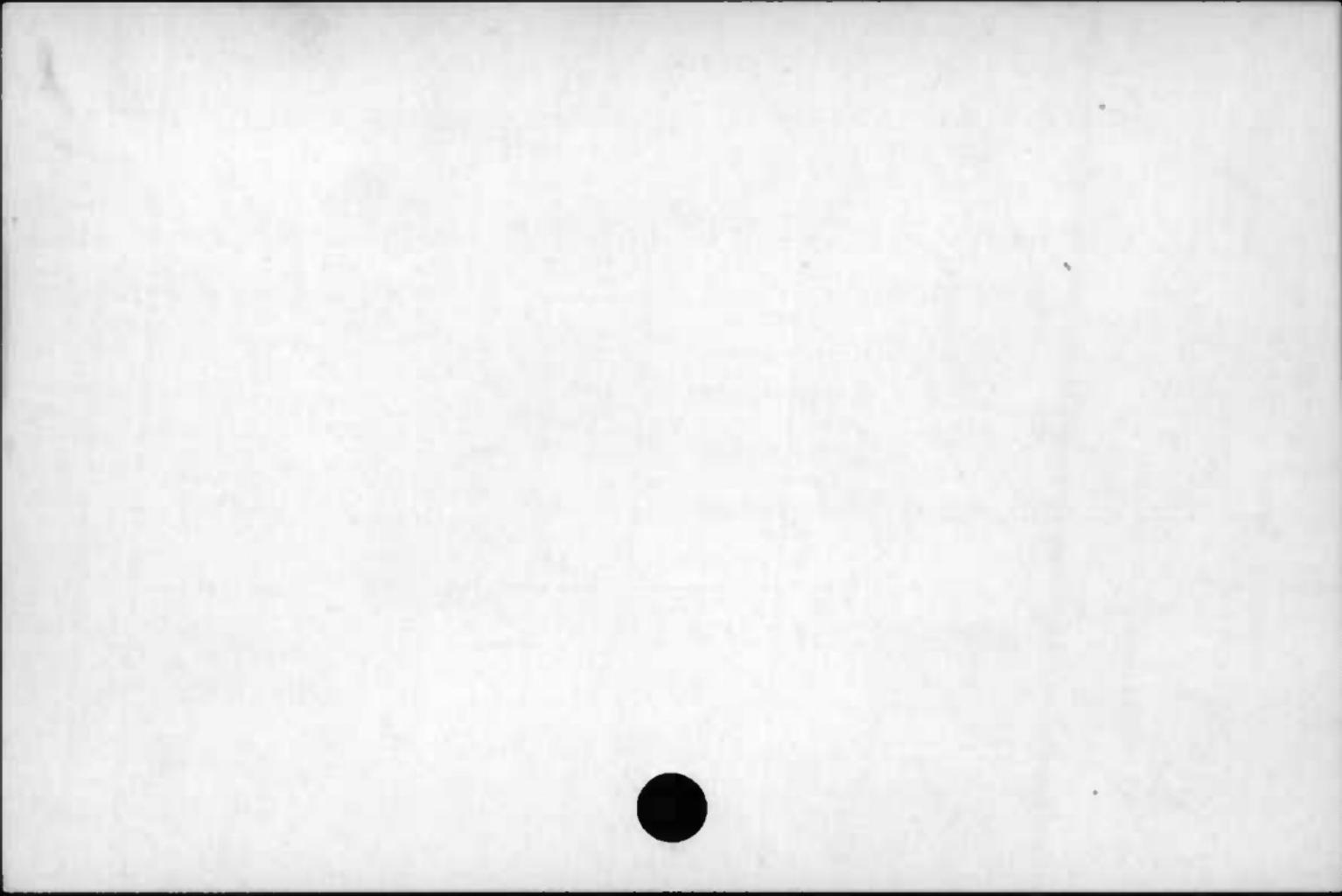
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Martha, Robinson				
Father's Name	Charles, Robinson					Father's Birthplace
Mother's Maiden Name	don't know					Mother's Birthplace
Name of person giving Information	James, Robinson					How related to deceased
CAUSES OF DEATH						
Primary	(HD)					How long
Immediate	Cancer of the Stomach					How long
Are the name, age, sex, color, date and place correctly given above?						
Signature of Physician						
Address						

Signature of Physician

Address

I. L. English coroner
Meadela spgs, Md

Accident or Suicide?



Name
in
Full

Charlotte Shores

3/22/xxit

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death	At Capt. J.W.H. White's	
Married, Single or Widowed	Name of Wife or Husband	Father's Name	
Father's Name	Not Known	Father's Birthplace	
Mother's Maiden Name	Not Known	Mother's Birthplace	
Name of person giving information	A. W. Phipps	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Not Known, had no Doctor

Immediate
about One half hour

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Geo. C. Hill

Address

So far as I know

Undertaker

Salisbury, Md.

Accident or Suicide?

This Woman Died very suddenly after eating
a hearty supper. Probably of indigestion and
heart failure, I understand she went to bed
about ten o'clock, and seemed to be in great
pain soon after, And was dead at 11 o'clock

They had no means of getting a Doctor to see
her before she died. And did not send
for one to see her after her death.

Geo. C. Hill
Undertaker

Name
in
Full

Martha J. Steward

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Years	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing If not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Charles Steward		
Father's Name	Don't know			
Mother's Maiden Name	Matilda Hale	(N/A)	Father's Birthplace	Md
Name of person giving Information	Charles Steward	(N/A)	Mother's Birthplace	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mitral insufficiency		How long	1 year
Immediate	Syncope		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J.W. McDaniel	
		Address	Salisbury, Md	
Accident or Suicide? No				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Saida M. Stewart

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Years	Months	Days	
1904	Mar	26	3		
Sex	Color or Race	Age			
Female	White	26			
Occupation	Where Residing if not at place of death				
Housewife	Easton Md.				
Married, Single or Widowed	Name of Wife or Husband	Bertram H. Stewart			
Married	Bertram H. Stewart				
Father's Name	James A. Love	Father's Birthplace Talbot Co. Md.			
Mother's Maiden Name	Rhoda Willis	Mother's Birthplace Caroline Co. Md.			
Name of person giving Information	Bertram H. Stewart	How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Incomplete Abortion

How long

24 hours

Immediate

Heart failure

How long

30 Minutes

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

E. M. Stevens M.D.

Salisbury Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Lorraine Wallace

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Nantucket				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1906 3 13 17 — —
Female Colored Nantucket
Lesterman
Single Geo. Wallace Nantucket
Obelia A. Wallace Nantucket Father
Geo Wallace

CAUSES OF DEATH

Primary	Heart Trouble	(179)	How long
Immediate	Exhaustion		3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	Dr. F. O. Day Fidemville Md
Accident or Suicide?			

PHYSICIAN
OR CORONER

Returned & Returned

Name
in
Full

Anne Waters

IV

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wm or Husband	Father's Birthplace	Mother's Birthplace
Father's Name	James Waters	Worner	"
Mother's Maiden Name	Sarah Gantford		
Name of person giving information	Anna May -	How related to deceased	no

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Consumption

How long

4 months

Immediate

"



How long

Are the name, age, sex, color, date and place correctly given above?

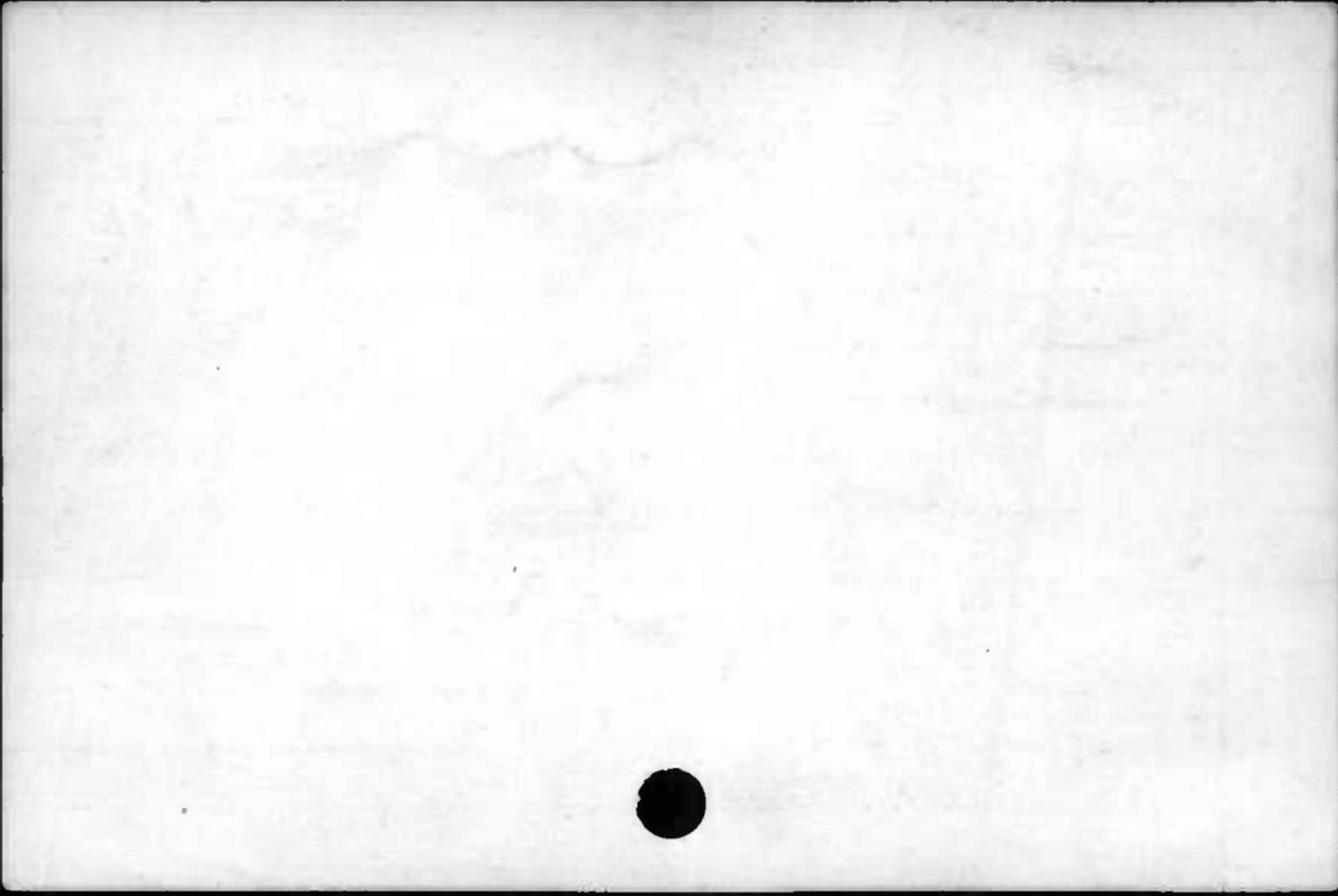
yes

Signature of Physician

J. J. O'Day

Address
Postmaster

Accident or Suicide?



Name
in
Full

Priscilla White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wardrobe</u>		Town	County <u>Wisconsin</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>3</u>	Day <u>11</u>	Years <u>79</u>	Months <u>6</u>	Days <u>1</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-place <u>Wisconsin</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>"</u>					
Married, Single or Widowed	Name of Wife or Husband <u>Sophie White</u>					
Father's Name <u>Wandy Darstall</u>				Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Mast</u>				Mother's Birthplace <u>—</u>		
Name of person giving information <u>Priscilla White</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

(154)

How long —

Immediate —

How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Oday

Address

Accident or Suicide?

